

# Low Income Household Water Assistance Program Quarterly Management Form

## Recipient Information

**Recipient Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

## First Quarterly Performance and Management Report (October 1 - December 31, 2020)

### I. Total Households Assisted

	A. Total Households Q1
1. Unduplicated number of households assisted	<b>0</b>

### II. Assistance Provided by Service Type

	N
Type of LIHWAP assistance for households	A. Water or Wastewater
1. Restoration of services	0
2. Prevention of disconnection of services	0
3. Reduction of rates charged	0

*\*If other services were paid for with LIHWAP funds, please explain*

*Response:* \_\_\_\_\_

### III. LIHWAP Implementation Information

	A. Number of Water Vendors
1. Of the water vendors in your state, territory or tribe, how many vendors have you entered into an agreement with?	
2. If you have not entered into a vendor agreement with all vendors, please describe the barriers to execution below.	

*Response:* \_\_\_\_\_

3. Have you begun to accept applications for LIHWAP?	Yes <input type="checkbox"/>
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4. If you have not begun to accept applications for LIHWAP, please explain why below.

*Response:* \_\_\_\_\_

5. If you have started accepting applications, have all areas of your state, territory or tribe begun implementation? If no, please briefly explain which areas have not begun accepting applications and why.

Response:

6. If applicable, have you executed agreements with all of your subrecipients? If no, please explain.

Response:

## IV. Performance Management

1. Describe up to three notable accomplishments achieved by LIHWAP implementation during the reporting period. Please include a partici

Response:

2. Describe any challenges with LIHWAP implementation during the reporting period.

Response:

3. Are there additional unmet water or wastewater needs in your service area? If yes, please describe.

Response:

4. Do you have any training and/or technical assistance needs that you would like the Office of Community Services to offer support for?

Response:

## V. Remarks

1. Enter any explanation needed regarding the reliability and/or validity of the above-reported data.

Response:

## VI. Certification

**Certification:** By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any fals civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Name of Authorized Official:

b. Title of Authorized Official:

X

c. Signature of Authorized Official:

d. Date Signed:

Expiration Date: xx/xx/xxxx

# Quarterly Performance and

ber 1- December 31)

## Number of assisted households by Service Type

B. Multiple Water Services	C. Other Water Services	
0	0	
0	0	
0	0	

Date started?	No <input type="checkbox"/>	Estimated start date for accepting applications?
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ain your approach/plan for getting to full implementation, including




# Low Income Household Water Assistance Program Quarterly Management Form

## Recipient Information

Recipient Name:

Contact Name:

Contact Phone Number:

Contact Email:

## Second Quarterly Performance and Management Report (January)

### I. Total Households Assisted

	A. Total Households Q2
1. Unduplicated number of households assisted	5

### II. Assistance Provided by Service Type

	Number of Households
Type of LIHWAP assistance for households	A. Water or Wastewater
1. Restoration of services	0
2. Prevention of disconnection of services	0
3. Reduction of rates charged	0

*\*If other services were paid with LIHWAP funds, please explain*

Response:

### III. LIHWAP Implementation Information

	A. Number of Water Vendors
1. Of the water vendors in your state, territory, or tribe, how many vendors have you entered into an agreement with?	
2. If you have not entered into a vendor agreement with all vendors, please describe the barriers to execution below.	

Response:

3. Have you begun to accept applications for LIHWAP?	Yes <input type="checkbox"/>
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4. If you have not begun to accept applications for LIHWAP, please explain why below.

Response:

5. If you have started accepting applications, have all areas of your state, territory or tribe begun implementation? If no, please briefly explain which areas have not begun accepting applications and why.

Response:

6. If applicable, have you executed agreements with all of your subrecipients? If no, please explain.

Response:

#### IV. Performance Management

1. Describe up to three notable accomplishments achieved by LIHWAP implementation during the reporting period. Please include a participant.

Response:

2. Describe any challenges with LIHWAP implementation during the reporting period.

Response:

3. Are there additional unmet water and wastewater needs in your service area? If yes, please describe.

Response:

4. Do you have any training and/or technical assistance needs that you would like the Office of Community Services to offer support for?

Response:

#### V. Remarks

1. Enter any explanation needed regarding the reliability and/or validity of the above-reported data.

Response:

#### VI. Certification

**Certification:** By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or misleading statements are subject to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Name of Authorized Official:

b. Title of Authorized Official:



X

c. Signature of Authorized Official:

d. Date Signed:

Expiration Date: xx/xx/xxxx

# Quarterly Performance and

January 1- March 31)

<b>B Total Cumulative Households</b>	
5	

Number of assisted households by Service Type

<b>B. Multiple Water Services</b>	<b>C. Other Water Services</b>	
0	0	
0	0	
0	0	

Date started?	No <input type="checkbox"/>	Estimated start date for accepting applications?
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our approach/plan for getting to full implementation, including





# Low Income Household Water Assistance Program C Management Form

## Recipient Information

Recipient Name:

Contact Name:

Contact Phone Number:

Contact Email:

## Third Quarterly Performance and Management Report

### I. Total Households Assisted

	A. Total Households Q3
1. Unduplicated number of households assisted	

### II. Assistance Provided by Service Type

Type of LIHWAP assistance for households	A. Water or Wastewater
1. Restoration of services	0
2. Prevention of disconnection of services	0
3. Reduction of rates charged	0

Response:

### III. LIHWAP Implementation Information

Please attach an updated vendor list to the report, see instructions	
1. Are there any changes in your agreements with water vendors from the previous quarters? Please explain any changes below.	Yes <input type="checkbox"/>

Response:

2. Are there any changes to which portions of your service area are accepting applications and implementing LIHWAP from Quarter 2? If so, please explain the changes. If not at 100% of implementation, please briefly explain your approach/plan for getting to full implementation, including which areas have not begun accepting applications and why.	Yes <input type="checkbox"/>
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Response:

3. If applicable, have you executed agreements with all of your subrecipient? If no, please explain.

Response:

**IV. Performance Management**

1. Describe up to three notable accomplishments achieved by LIHWAP implementation during the reporting period. Please include a particip.

Response:

2. Describe any challenges with LIHWAP implementation during the reporting period.

Response:

3. Are there additional unmet water and wastewater needs in your service area? If yes, please describe.

Response:

4. Do you have any training and/or technical assistance needs that you would like the Office of Community Services to offer support for?

Response:

**V. Remarks**

1. Enter any explanation needed regarding the reliability and/or validity of the above-reported data.

Response:

**VI. Certification**

**Certification:** By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Name of Authorized Official:

b. Title of Authorized Official:

X

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expiration Date: xx/xx/xxxx

# Quarterly Performance and

(April 1 - June 30)

<b>B. Total Cumulative Households</b>	
5	

Number of assisted households by Service Type

<b>B. Multiple Water Services</b>	<b>C. Other Water Services</b>	
0	0	
0	0	
0	0	

No <input type="checkbox"/>	
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No <input type="checkbox"/>	
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# Low Income Household Water Assistance Program Quarterly Management Form

## Recipient Information

Recipient Name:

Contact Name:

Contact Phone Number:

Contact Email:

## Fourth Quarterly Performance and Management Report (Jul

### I. Total Households Assisted

	A. Total Households Q4
1. Unduplicated number of households assisted	

### II. Assistance Provided by Service Type

	Number of Households
Type of LIHWAP assistance for households	A. Water or Wastewater
1. Restoration of services	0
2. Prevention of disconnection of services	0
3. Reduction of rates charged	0

*\*If other services were paid with LIHWAP funds, please explain*

Response:

### III. LIHWAP Implementation Information

Please attach an updated vendor list to the report, see instructions	
1. Are there any changes in your agreements with water vendors from the previous quarter? Please explain any changes below.	Yes: <input type="checkbox"/>

Response:

2. Are you still accepting applications for LIHWAP?	Yes <input type="checkbox"/>
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3. If you are still accepting applications, are there any changes to which portions of your service area are accepting applications and implementing LIHWAP from Quarter 3? If yes, please explain the changes.	Yes: <input type="checkbox"/>
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Response:

### IV. Performance Management

1. Describe up to three notable accomplishments achieved by LIHWAP implementation during the reporting period. Please include a partici

Response:

2. Describe any challenges with LIHWAP implementation during the reporting period.

Response:

3. Are there additional unmet water and wastewater needs in your service area? If yes, please describe.

Response:

4. Do you have any training and/or technical assistance needs that you would like the Office of Community Services to offer support for?

Response:

5. Please list and describe up to three lessons learned during the first year of LIHWAP implementation.

Response:

## V. Remarks

1. Enter any explanation needed regarding the reliability and/or validity of the above-reported data.

Response:

## VI. Certification

**Certification:** By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Name of Authorized Official:

b. Title of Authorized Official:

X

Expiration Date: xx/xx/xxxx

# Quarterly Performance and


by 1 - September 30)

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<b>B. Total Cumulative Households</b>	
<b>10</b>	

**Number of assisted households by Service Type**

<b>B. Multiple Water Services</b>	<b>C. Other Water Services</b>	
0	0	
0	0	
0	0	

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No <input type="checkbox"/>		

No <input type="checkbox"/>	If no, please explain

No <input type="checkbox"/>	
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Important success story, if applicable.

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